

West Virginia Racing Commission Supplemental Purse Award Claim

West Virginia Racing Commission
106 Dee Drive, Suite 2
Charleston, West Virginia 25311

Fax #
304.558.6319

Date _____
FEIN/SSAN _____
(last 4 digits of Tax ID #)

All claims must be submitted to the WV Racing Commission within 15 days from the date the purse is awarded

I _____ claim award for () Breeder () Owner () Sire Owner
Please Print Name _____
Please check all that apply

For _____
Print Name of Horse

on Race Date _____ Race # _____ @ () Hollywood Casino () Mountaineer Park
----- Please check one -----

PLEASE CHECK HERE () if you DO NOT want the receipt and progress of this claim to be published on our web site www.wvracingcommission.com. If published, only your name, horse name, race date and number, race track, and ownership types will be displayed. You can see previous months and quarters as examples of the data displayed and, will be certain that your claim has been received by the West Virginia Racing Commission. Otherwise, please check our web site frequently to be sure we have received and accurately entered your claim.

I understand that, in the event of falsification of any of the information over my signature hereon, I am subject to be punished to the full extent of the authority of the West Virginia Racing Commission.

Signed _____

Licensed Stable Name _____ Address _____

For West Virginia Racing Commission Use Only:

Purse	_____	Winner's Share	_____
Dam Verified	_____	Breeder Award	_____
Owner Verified	_____	Owner Award	_____
Sire Verified	_____	Sire Award	_____
		Total due	_____

Note: Incomplete applications will be returned to the applicant for further necessary information and payment will be made only on complete forms.